

EPI Update for Friday June 9, 2006
Center for Acute Disease Epidemiology
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- Dead bird reporting- Who to call
- Hantavirus - How to protect yourself and your family
- Enterovirus season is starting!
- Mold and your health
- Commemorating 25 years of HIV/AIDS
- Meeting announcements and training opportunities

Dead bird reporting – Who to call

West Nile virus season is fast approaching. The IDPH Center for Acute Disease Epidemiology would like to inform the public of which agency is responsible for different types of birds and disease surveillance, as well as which agency should be contacted to report sick or dead birds. IDPH and the University Hygienic Laboratory (UHL) are **not** testing birds for avian influenza; however, federal and state agencies both have avian influenza surveillance and monitoring programs in place. See details below.

State Agency Information:

IDPH has information about its West Nile Surveillance Program at www.idph.state.ia.us/adper/wnv_surveillance.asp.

If a person finds a dead crow or blue jay, he or she should contact the local county health department, who will then decide whether to submit the bird to UHL.

The *Iowa Department of Natural Resources (IDNR)* is the state agency that monitors wildlife and wild birds (including waterfowl) for various diseases and causes of death. The United States Department of Agriculture – Wildlife Services (USDA–WS) and IDNR are collaborating to conduct surveillance for avian influenza on targeted priority species of wild birds. For more information on IDNR's role in surveillance for avian influenza, visit www.iowaavianflu.org/.

The *Iowa Department of Agriculture and Land Stewardship (IDALS)* has excellent partnerships in place with the poultry and turkey industries to detect any signs of avian influenza in domestic production flocks. To date, no avian influenza strains have been detected in domestic poultry production flocks in Iowa. If a person is concerned about ill or dead domestic poultry, he or she should contact his or her personal veterinarian or the IDALS State Veterinarian, Dr. David Schmitt at 515-281-8601. For more information on IDALS' role in protecting Iowa's domestic poultry flocks and surveillance of avian influenza, visit www.agriculture.state.ia.us/avianInfluenza.htm.

Federal Agency Information:

The **United States Department of Agriculture – Wildlife Services (USDA-WS)**: To report sick or dead wild birds (ducks, geese, swans, robins, songbirds, etc.) contact USDA-WS: 1-866-487-3297 (1-866-4-USDA-WS)

Their Web site is

www.aphis.usda.gov/newsroom/hot_issues/avian_influenza/avian_influenza_report-birds.shtml.

The **United States Department of Agriculture-Animal and Plant Health Inspection Service-Veterinary Services (USDA-APHIS-VS)**: To report ill or dead domestic poultry (chickens, turkeys, quail, etc.); contact USDA-APHIS-VS “Bio-security for the Birds” at 1-866-536-7593.

Their Web site is www.aphis.usda.gov/vs/birdbiosecurity/.

Information on the “**Wild Bird Plan: An Early Detection System for Highly Pathogenic H5N1 Avian Influenza in Wild Migratory Birds U.S. Interagency Strategic Plan**” is available at www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/03/0094.xml.

Hantavirus - How to protect yourself and your family

Globally, hantaviruses have been of public health significance for many years.

Hantavirus was recognized in the U.S. when a cluster of cases was detected during the spring and summer of 1993. The primary reservoir of the Sin Nombre virus is the deer mouse (*Peromyscus maniculatus*), and its range covers the entire U.S. except for the southeast and eastern seaboard. In those regions other reservoirs have been implicated. Iowa is within the range of these rodents.

Therefore, hantavirus infection can be a potential threat anywhere in Iowa. The deer mouse may develop chronic hantavirus infection and shed the virus into urine, feces, and saliva without showing adverse effects of infection. Generally, transmission to humans is through inhalation of aerosolized infectious virus from soil, bedding materials, etc., that have been contaminated with rodent urine, feces, etc. As Iowans return to summer activities, caution should be exercised when rodent nests and bedding materials are encountered.

Protect yourself and your family by:

- Airing out summer cabins before occupying;
- Wetting down rodent nests with water and a mild bleach before cleaning;
- Avoiding creating or inhaling dust while in summer cabins.

Serologic testing for hantavirus is available at UHL. IgG and IgM antibody assays are performed and will be tested upon request by physicians and laboratories in the state. Detailed patient history information indicating signs and symptoms and rodent exposure must accompany each serum for hantavirus serology. Special HPS history forms are available for this information. Direct all questions concerning hantavirus testing, specimen requirements and forms to the UHL serology staff at 319-335-4500. For more

information on how to protect yourself and your family, visit www.cdc.gov/ncidod/diseases/hanta/hps/index.htm.

Enterovirus season is starting!

Enterovirus infections are far more common than arboviral infections. This includes West Nile virus. In fact enteroviruses are the most common cause of meningitis and/or encephalitis in Iowa. Aseptic or viral meningitis is associated with estimated 25,000–50,000 hospitalizations each year in the U.S.

About 90 percent of cases of viral meningitis are caused by members of a group of viruses known as enteroviruses, such as coxsackieviruses and echoviruses. Enterovirus infections are associated with diverse clinical manifestations ranging from mild febrile illness to severe and potentially fatal syndromes. These infections often produce a rash. Last season, UHL tested and found 61 positive cases. This number represents a minimal sampling of this disease, especially since this is not reportable, and many infections were likely to be diagnosed by other hospital and commercial laboratories.

Information on testing: UHL has two methods for testing for enteroviral infection: a rapid molecular test and a virus culture.

- The molecular method is a Reverse-Transcriptase-Polymerase Chain Reaction (RT-PCR), which is a very sensitive test to detect the presence of enteroviral genetic material in cerebral spinal fluid (CSF) specimens ONLY.
- Virus cultures can detect enterovirus in CSF, and a variety of other specimen types (such as stools, nasopharyngeal swabs and throat swabs). Please contact UHL for information on specimen collection and shipping requirements by calling 319-335-4500.
- Test request forms are available at www.uhl.uiowa.edu/kitsquotesforms/nonrespiratoryrequestform.pdf.

Treatment: No specific antiviral agent is available for therapy of enterovirus infection. Treatment focuses on management of complications (for example, meningitis, abnormal cardiac rhythms and heart failure). Intravenous administration of immune globulin may have a use in preventing severe disease in immunocompromised individuals or those with life-threatening disease.

Information from the Centers for Disease Control and Prevention
www.cdc.gov/ncidod/dvrd/revb/enterovirus/non-polio_entero.htm.

Mold and your health

There is always some mold everywhere - in the air and on many surfaces. Molds have been on the earth for millions of years. Mold grows where there is moisture. Exposure to damp and moldy environments can cause a variety of health effects, or none at all.

Some people are sensitive to molds. For these people, molds can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation. People with mold allergies may have more severe reactions. Immune-compromised

people and people with chronic lung illnesses, such as obstructive lung disease, may get serious infections in their lungs when they are exposed to mold. These people should stay away from areas that are likely to have mold, such as compost piles, cut grass, and wooded areas.

Mold is found both indoors and outdoors. Mold can enter your home through open doorways, windows, vents, and heating and air conditioning systems. Mold in the air outside can also attach itself to clothing, shoes, bags, and pets can and be carried indoors. Mold will grow in places with a lot of moisture, such as around leaks in roofs, windows, or pipes, or where there has been flooding. Mold grows well on paper products, cardboard, ceiling tiles, and wood products. Mold can also grow in dust, paints, wallpaper, insulation, drywall, carpet, fabric, and upholstery.

You can control mold growth inside your home by:

- Keeping humidity levels between 40 percent and 60 percent;
- Promptly fixing leaky roofs, windows and pipes;
- Thoroughly cleaning and drying areas after flooding; and
- Ventilating shower, laundry, and cooking areas.

If mold is growing in your home, you need to clean up the mold *and* fix the moisture problem. Mold growth can be removed from hard surfaces with commercial products, soap and water, or a bleach solution of no more than 1 cup of bleach in 1 gallon of water.

For more information on mold visit the following links:

www.epa.gov/mold/moldresources.html

www.cdc.gov/mold/dampness_facts.htm

www.idph.state.ia.us/eh/common/pdf/board_of_health_assistance/mold.pdf

Commemorating 25 Years of HIV/AIDS

Nearly 25 years after the first report of a handful of cases of a nameless deadly disease among gay men in New York and Los Angeles, there are still over 1 million persons living with HIV in the United States. About one-fourth of those with HIV have not yet been diagnosed and are unaware of their infection. The “new” syndrome discovered 25 years ago has become one of the deadliest epidemics in human history, killing more than 25 million people around the world, including more than 500,000 Americans.

In the last decade, major advances in prevention and treatment for HIV/AIDS have prolonged and improved the lives of many; but despite extremely beneficial advances, the epidemic is far from over. An estimated 40,000 Americans still become infected with HIV every year, and many of these are young persons under the age of 25. African American men and women are among the hardest hit populations in the U.S.

The inescapable truth is that, to defeat HIV and AIDS, we need to reduce the number of people who become infected in the first place. Twenty-five years since the onset of the epidemic, prevention is still the only “cure” we have for HIV/AIDS. A comprehensive

approach must be used to prevent the further spread of HIV and AIDS. For more information, go to www.cdc.gov/hiv/spotlight.htm.

Meeting announcements and training opportunities

Nothing submitted this week.

Have a healthy and happy week!

Center for Acute Disease Epidemiology

Iowa Department of Public Health

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